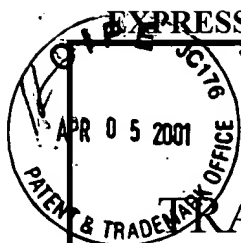


04-06-01

See for \$  
✓ 3

EXPRESS MAIL LABEL

EL749105915US

TRANSMITTAL  
FORM

|                             |                  |
|-----------------------------|------------------|
| Application Serial Number   | 09/038,951       |
| Filing Date                 | January 4, 2001  |
| First Named Inventor        | Vestal           |
| Group Art Unit              | Not yet assigned |
| Examiner Name               | Not yet assigned |
| Attorney Docket No.         | SYP-060REC/N     |
| BATCH NO. (after allowance) | Not applicable   |
| Patent No.                  | Not applicable   |
| Issue Date                  | Not applicable   |


## ENCLOSURES (check all that apply)

|  |  |  |
|--|--|--|
| <input checked="" type="checkbox"/> Fee Transmittal Form<br><input checked="" type="checkbox"/> Check Attached<br><input type="checkbox"/> Copy of Fee Transmittal Form<br><br><input checked="" type="checkbox"/> Amendment/Response<br><input checked="" type="checkbox"/> Supplemental Preliminary<br><input type="checkbox"/> After Final<br><input type="checkbox"/> Affidavits/declaration(s)<br><input type="checkbox"/> Letter to Official Draftsperson including Drawings [Total Sheets ____]<br><br><input type="checkbox"/> Petition for Extension of Time<br><br><input checked="" type="checkbox"/> Information Disclosure Statement<br><input checked="" type="checkbox"/> Form PTO-1449<br><input type="checkbox"/> Copies of IDS Citations<br><br><input type="checkbox"/> Certified Copy of Priority Document(s)<br><br><input type="checkbox"/> Sequence Listing submission<br><input type="checkbox"/> Paper Copy/CD<br><input type="checkbox"/> Computer Readable Copy<br><input type="checkbox"/> Statement verifying identity of above | <input checked="" type="checkbox"/> Copy of Notice to File Missing Parts of Reissue Application<br><br><input type="checkbox"/> Formal Drawing(s)<br><br><input type="checkbox"/> Request For Continued Examination (RCE) Transmittal<br><br><input type="checkbox"/> Power of Attorney (Revocation of Prior Powers)<br><br><input type="checkbox"/> Terminal Disclaimer<br><br><input type="checkbox"/> Executed Declaration and Power of Attorney for Utility or Design Patent Application<br><br><input type="checkbox"/> Small Entity Statement<br><br><input type="checkbox"/> CD(s) for large table or computer program<br><br><input type="checkbox"/> Amendment After Allowance<br><br><input type="checkbox"/> Request for Certificate of Correction<br><input type="checkbox"/> Certificate of Correction (in duplicate) | <input type="checkbox"/> Notice of Appeal to Board of Patent Appeals and Interferences<br><br><input type="checkbox"/> Appeal Brief (in triplicate)<br><br><input type="checkbox"/> Status Inquiry<br><br><input checked="" type="checkbox"/> Return Receipt Postcard<br><br><input type="checkbox"/> Certificate of First Class Mailing under 37 C.F.R. 1.8<br><br><input type="checkbox"/> Certificate of Facsimile Transmission under 37 C.F.R. 1.8<br><br><input checked="" type="checkbox"/> Additional Enclosure(s) (please identify below)<br><input checked="" type="checkbox"/> Copy of specification of originally issued patent in double column format; and<br><input checked="" type="checkbox"/> Copy of Substitute Reissue Oath/Declaration of Sole Inventor from immediately prior reissue application Serial No. 09/038,324 |
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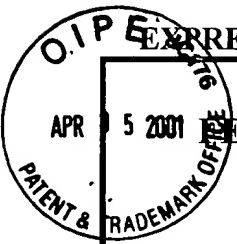
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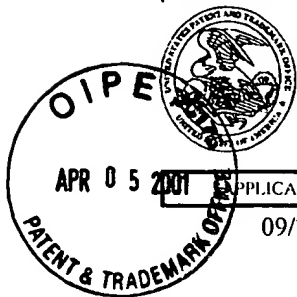
EXPRESS MAIL LABEL NO. EL749105915US

**FREE TRANSMITTAL**  
**FY 2001**

|                           |                  |
|---------------------------|------------------|
| Complete Known            |                  |
| Application Serial Number | 09/755,954       |
| Filing Date               | January 4, 2001  |
| First Named Inventor      | Vestal           |
| Group Art Unit            | Not yet assigned |
| Examiner Name             | Not yet assigned |
| Attorney Docket No.       | SYP-060REC/N     |

| METHOD OF PAYMENT  |                                 |  |              | FEE CALCULATION (continued)   |                                 |               |      |                       |                       |                 |                   |              |      |                                     |        |    |              |  |  |        |              |                           |                   |              |       |  |       |           |                        |  |  |     |           |   |            |        |     |  |   |        |                        |   |  |       |     |  |  |     |     |                  |  |     |     |  |  |     |     |                          |  |     |     |                               |  |    |    |   |  |     |     |  |  |     |     |   |  |     |     |  |  |                     |  |  |  |                     |  |  |  |
|--|---------------------------------|--|--------------|---|---------------------------------|---------------|------|-----------------------|-----------------------|-----------------|-------------------|--------------|------|-------------------------------------|--------|----|--------------|--|--|--------|--------------|---------------------------|-------------------|--------------|-------|--|-------|-----------|------------------------|--|--|-----|-----------|---|------------|--------|-----|--|---|--------|------------------------|---|--|-------|-----|--|--|-----|-----|------------------|--|-----|-----|--|--|-----|-----|--------------------------|--|-----|-----|-------------------------------|--|----|----|---|--|-----|-----|--|--|-----|-----|---|--|-----|-----|--|--|---------------------|--|--|--|---------------------|--|--|--|
| <div>1. <input checked="" type="checkbox"/> Payment Enclosed:<br/><input checked="" type="checkbox"/> Check <input type="checkbox"/> Money Order <input type="checkbox"/> Other</div>  |                                 |  |              | <div>3. ADDITIONAL FEES</div> <table><thead><tr><th>Large Entity Fee (\$)</th><th>Small Entity Fee (\$)</th><th>Fee Description</th><th>Fee Paid</th></tr></thead><tbody><tr><td>130</td><td>65</td><td>Surcharge - late filing fee or oath</td><td>130.00</td></tr><tr><td>50</td><td>25</td><td>Surcharge - late provisional filing fee or cover sheet</td><td></td></tr><tr><td>130</td><td>130</td><td>Non-English specification</td><td></td></tr><tr><td>2,520</td><td>2,520</td><td>For filing a request for reexamination</td><td></td></tr><tr><td>110</td><td>55</td><td>Extension for reply within first month</td><td></td></tr><tr><td>390</td><td>195</td><td>Extension for reply within second month</td><td></td></tr><tr><td>890</td><td>445</td><td>Extension for reply within third month</td><td></td></tr><tr><td>1,390</td><td>695</td><td>Extension for reply within fourth month</td><td></td></tr><tr><td>1,890</td><td>945</td><td>Extension for reply within fifth month</td><td></td></tr><tr><td>310</td><td>155</td><td>Notice of Appeal</td><td></td></tr><tr><td>310</td><td>155</td><td>Filing a brief in support of an appeal</td><td></td></tr><tr><td>270</td><td>135</td><td>Request for oral hearing</td><td></td></tr><tr><td>130</td><td>130</td><td>Petitions to the Commissioner</td><td></td></tr><tr><td>50</td><td>50</td><td>Petitions related to provisional applications</td><td></td></tr><tr><td>180</td><td>180</td><td>Submission of Information Disclosure Statement</td><td></td></tr><tr><td>710</td><td>355</td><td>Filing a submission after final rejection (37 CFR 1.129(a))</td><td></td></tr><tr><td>710</td><td>355</td><td>For each additional invention to be examined (37 CFR 1.129(b))</td><td></td></tr><tr><td colspan="2">Other fee (Specify)</td><td colspan="2"></td></tr><tr><td colspan="2">Other fee (Specify)</td><td colspan="2"></td></tr></tbody></table> |                                 |               |      | Large Entity Fee (\$) | Small Entity Fee (\$) | Fee Description | Fee Paid          | 130          | 65   | Surcharge - late filing fee or oath | 130.00 | 50 | 25           | Surcharge - late provisional filing fee or cover sheet |  | 130    | 130          | Non-English specification |                   | 2,520        | 2,520 | For filing a request for reexamination |       | 110       | 55                     | Extension for reply within first month |  | 390 | 195       | Extension for reply within second month |            | 890    | 445 | Extension for reply within third month |   | 1,390  | 695                    | Extension for reply within fourth month |  | 1,890 | 945 | Extension for reply within fifth month |  | 310 | 155 | Notice of Appeal |  | 310 | 155 | Filing a brief in support of an appeal |  | 270 | 135 | Request for oral hearing |  | 130 | 130 | Petitions to the Commissioner |  | 50 | 50 | Petitions related to provisional applications |  | 180 | 180 | Submission of Information Disclosure Statement |  | 710 | 355 | Filing a submission after final rejection (37 CFR 1.129(a)) |  | 710 | 355 | For each additional invention to be examined (37 CFR 1.129(b)) |  | Other fee (Specify) |  |  |  | Other fee (Specify) |  |  |  |
| Large Entity Fee (\$)  | Small Entity Fee (\$)           | Fee Description  | Fee Paid     |   |                                 |               |      |                       |                       |                 |                   |              |      |                                     |        |    |              |  |  |        |              |                           |                   |              |       |  |       |           |                        |  |  |     |           |   |            |        |     |  |   |        |                        |   |  |       |     |  |  |     |     |                  |  |     |     |  |  |     |     |                          |  |     |     |                               |  |    |    |   |  |     |     |  |  |     |     |   |  |     |     |  |  |                     |  |  |  |                     |  |  |  |
| 130  | 65                              | Surcharge - late filing fee or oath                            | 130.00       |   |                                 |               |      |                       |                       |                 |                   |              |      |                                     |        |    |              |  |  |        |              |                           |                   |              |       |  |       |           |                        |  |  |     |           |   |            |        |     |  |   |        |                        |   |  |       |     |  |  |     |     |                  |  |     |     |  |  |     |     |                          |  |     |     |                               |  |    |    |   |  |     |     |  |  |     |     |   |  |     |     |  |  |                     |  |  |  |                     |  |  |  |
| 50   | 25                              | Surcharge - late provisional filing fee or cover sheet         |              |   |                                 |               |      |                       |                       |                 |                   |              |      |                                     |        |    |              |  |  |        |              |                           |                   |              |       |  |       |           |                        |  |  |     |           |   |            |        |     |  |   |        |                        |   |  |       |     |  |  |     |     |                  |  |     |     |  |  |     |     |                          |  |     |     |                               |  |    |    |   |  |     |     |  |  |     |     |   |  |     |     |  |  |                     |  |  |  |                     |  |  |  |
| 130  | 130                             | Non-English specification                                      |              |   |                                 |               |      |                       |                       |                 |                   |              |      |                                     |        |    |              |  |  |        |              |                           |                   |              |       |  |       |           |                        |  |  |     |           |   |            |        |     |  |   |        |                        |   |  |       |     |  |  |     |     |                  |  |     |     |  |  |     |     |                          |  |     |     |                               |  |    |    |   |  |     |     |  |  |     |     |   |  |     |     |  |  |                     |  |  |  |                     |  |  |  |
| 2,520  | 2,520                           | For filing a request for reexamination                         |              |   |                                 |               |      |                       |                       |                 |                   |              |      |                                     |        |    |              |  |  |        |              |                           |                   |              |       |  |       |           |                        |  |  |     |           |   |            |        |     |  |   |        |                        |   |  |       |     |  |  |     |     |                  |  |     |     |  |  |     |     |                          |  |     |     |                               |  |    |    |   |  |     |     |  |  |     |     |   |  |     |     |  |  |                     |  |  |  |                     |  |  |  |
| 110  | 55                              | Extension for reply within first month                         |              |   |                                 |               |      |                       |                       |                 |                   |              |      |                                     |        |    |              |  |  |        |              |                           |                   |              |       |  |       |           |                        |  |  |     |           |   |            |        |     |  |   |        |                        |   |  |       |     |  |  |     |     |                  |  |     |     |  |  |     |     |                          |  |     |     |                               |  |    |    |   |  |     |     |  |  |     |     |   |  |     |     |  |  |                     |  |  |  |                     |  |  |  |
| 390  | 195                             | Extension for reply within second month                        |              |   |                                 |               |      |                       |                       |                 |                   |              |      |                                     |        |    |              |  |  |        |              |                           |                   |              |       |  |       |           |                        |  |  |     |           |   |            |        |     |  |   |        |                        |   |  |       |     |  |  |     |     |                  |  |     |     |  |  |     |     |                          |  |     |     |                               |  |    |    |   |  |     |     |  |  |     |     |   |  |     |     |  |  |                     |  |  |  |                     |  |  |  |
| 890  | 445                             | Extension for reply within third month                         |              |   |                                 |               |      |                       |                       |                 |                   |              |      |                                     |        |    |              |  |  |        |              |                           |                   |              |       |  |       |           |                        |  |  |     |           |   |            |        |     |  |   |        |                        |   |  |       |     |  |  |     |     |                  |  |     |     |  |  |     |     |                          |  |     |     |                               |  |    |    |   |  |     |     |  |  |     |     |   |  |     |     |  |  |                     |  |  |  |                     |  |  |  |
| 1,390  | 695                             | Extension for reply within fourth month                        |              |   |                                 |               |      |                       |                       |                 |                   |              |      |                                     |        |    |              |  |  |        |              |                           |                   |              |       |  |       |           |                        |  |  |     |           |   |            |        |     |  |   |        |                        |   |  |       |     |  |  |     |     |                  |  |     |     |  |  |     |     |                          |  |     |     |                               |  |    |    |   |  |     |     |  |  |     |     |   |  |     |     |  |  |                     |  |  |  |                     |  |  |  |
| 1,890  | 945                             | Extension for reply within fifth month                         |              |   |                                 |               |      |                       |                       |                 |                   |              |      |                                     |        |    |              |  |  |        |              |                           |                   |              |       |  |       |           |                        |  |  |     |           |   |            |        |     |  |   |        |                        |   |  |       |     |  |  |     |     |                  |  |     |     |  |  |     |     |                          |  |     |     |                               |  |    |    |   |  |     |     |  |  |     |     |   |  |     |     |  |  |                     |  |  |  |                     |  |  |  |
| 310  | 155                             | Notice of Appeal   |              |   |                                 |               |      |                       |                       |                 |                   |              |      |                                     |        |    |              |  |  |        |              |                           |                   |              |       |  |       |           |                        |  |  |     |           |   |            |        |     |  |   |        |                        |   |  |       |     |  |  |     |     |                  |  |     |     |  |  |     |     |                          |  |     |     |                               |  |    |    |   |  |     |     |  |  |     |     |   |  |     |     |  |  |                     |  |  |  |                     |  |  |  |
| 310  | 155                             | Filing a brief in support of an appeal                         |              |   |                                 |               |      |                       |                       |                 |                   |              |      |                                     |        |    |              |  |  |        |              |                           |                   |              |       |  |       |           |                        |  |  |     |           |   |            |        |     |  |   |        |                        |   |  |       |     |  |  |     |     |                  |  |     |     |  |  |     |     |                          |  |     |     |                               |  |    |    |   |  |     |     |  |  |     |     |   |  |     |     |  |  |                     |  |  |  |                     |  |  |  |
| 270  | 135                             | Request for oral hearing                                       |              |   |                                 |               |      |                       |                       |                 |                   |              |      |                                     |        |    |              |  |  |        |              |                           |                   |              |       |  |       |           |                        |  |  |     |           |   |            |        |     |  |   |        |                        |   |  |       |     |  |  |     |     |                  |  |     |     |  |  |     |     |                          |  |     |     |                               |  |    |    |   |  |     |     |  |  |     |     |   |  |     |     |  |  |                     |  |  |  |                     |  |  |  |
| 130  | 130                             | Petitions to the Commissioner                                  |              |   |                                 |               |      |                       |                       |                 |                   |              |      |                                     |        |    |              |  |  |        |              |                           |                   |              |       |  |       |           |                        |  |  |     |           |   |            |        |     |  |   |        |                        |   |  |       |     |  |  |     |     |                  |  |     |     |  |  |     |     |                          |  |     |     |                               |  |    |    |   |  |     |     |  |  |     |     |   |  |     |     |  |  |                     |  |  |  |                     |  |  |  |
| 50   | 50                              | Petitions related to provisional applications                  |              |   |                                 |               |      |                       |                       |                 |                   |              |      |                                     |        |    |              |  |  |        |              |                           |                   |              |       |  |       |           |                        |  |  |     |           |   |            |        |     |  |   |        |                        |   |  |       |     |  |  |     |     |                  |  |     |     |  |  |     |     |                          |  |     |     |                               |  |    |    |   |  |     |     |  |  |     |     |   |  |     |     |  |  |                     |  |  |  |                     |  |  |  |
| 180  | 180                             | Submission of Information Disclosure Statement                 |              |   |                                 |               |      |                       |                       |                 |                   |              |      |                                     |        |    |              |  |  |        |              |                           |                   |              |       |  |       |           |                        |  |  |     |           |   |            |        |     |  |   |        |                        |   |  |       |     |  |  |     |     |                  |  |     |     |  |  |     |     |                          |  |     |     |                               |  |    |    |   |  |     |     |  |  |     |     |   |  |     |     |  |  |                     |  |  |  |                     |  |  |  |
| 710  | 355                             | Filing a submission after final rejection (37 CFR 1.129(a))    |              |   |                                 |               |      |                       |                       |                 |                   |              |      |                                     |        |    |              |  |  |        |              |                           |                   |              |       |  |       |           |                        |  |  |     |           |   |            |        |     |  |   |        |                        |   |  |       |     |  |  |     |     |                  |  |     |     |  |  |     |     |                          |  |     |     |                               |  |    |    |   |  |     |     |  |  |     |     |   |  |     |     |  |  |                     |  |  |  |                     |  |  |  |
| 710  | 355                             | For each additional invention to be examined (37 CFR 1.129(b)) |              |   |                                 |               |      |                       |                       |                 |                   |              |      |                                     |        |    |              |  |  |        |              |                           |                   |              |       |  |       |           |                        |  |  |     |           |   |            |        |     |  |   |        |                        |   |  |       |     |  |  |     |     |                  |  |     |     |  |  |     |     |                          |  |     |     |                               |  |    |    |   |  |     |     |  |  |     |     |   |  |     |     |  |  |                     |  |  |  |                     |  |  |  |
| Other fee (Specify)  |                                 |  |              |   |                                 |               |      |                       |                       |                 |                   |              |      |                                     |        |    |              |  |  |        |              |                           |                   |              |       |  |       |           |                        |  |  |     |           |   |            |        |     |  |   |        |                        |   |  |       |     |  |  |     |     |                  |  |     |     |  |  |     |     |                          |  |     |     |                               |  |    |    |   |  |     |     |  |  |     |     |   |  |     |     |  |  |                     |  |  |  |                     |  |  |  |
| Other fee (Specify)  |                                 |  |              |   |                                 |               |      |                       |                       |                 |                   |              |      |                                     |        |    |              |  |  |        |              |                           |                   |              |       |  |       |           |                        |  |  |     |           |   |            |        |     |  |   |        |                        |   |  |       |     |  |  |     |     |                  |  |     |     |  |  |     |     |                          |  |     |     |                               |  |    |    |   |  |     |     |  |  |     |     |   |  |     |     |  |  |                     |  |  |  |                     |  |  |  |
| <div>2. <input type="checkbox"/> The Commissioner is hereby authorized to credit or charge any fee indicated below for this submission to Deposit Account No. 20-0531.<br/><input type="checkbox"/> Required Fees (copy of this sheet enclosed).<br/><input checked="" type="checkbox"/> Additional fee required under 37 CFR 1.16 and 1.17.<br/><input checked="" type="checkbox"/> Overpayment Credit.</div>   |                                 |  |              |   |                                 |               |      |                       |                       |                 |                   |              |      |                                     |        |    |              |  |  |        |              |                           |                   |              |       |  |       |           |                        |  |  |     |           |   |            |        |     |  |   |        |                        |   |  |       |     |  |  |     |     |                  |  |     |     |  |  |     |     |                          |  |     |     |                               |  |    |    |   |  |     |     |  |  |     |     |   |  |     |     |  |  |                     |  |  |  |                     |  |  |  |
| <div>3. <input type="checkbox"/> Applicant claims small entity status.</div>   |                                 |  |              |   |                                 |               |      |                       |                       |                 |                   |              |      |                                     |        |    |              |  |  |        |              |                           |                   |              |       |  |       |           |                        |  |  |     |           |   |            |        |     |  |   |        |                        |   |  |       |     |  |  |     |     |                  |  |     |     |  |  |     |     |                          |  |     |     |                               |  |    |    |   |  |     |     |  |  |     |     |   |  |     |     |  |  |                     |  |  |  |                     |  |  |  |
| FEE CALCULATION  |                                 |  |              |   |                                 |               |      |                       |                       |                 |                   |              |      |                                     |        |    |              |  |  |        |              |                           |                   |              |       |  |       |           |                        |  |  |     |           |   |            |        |     |  |   |        |                        |   |  |       |     |  |  |     |     |                  |  |     |     |  |  |     |     |                          |  |     |     |                               |  |    |    |   |  |     |     |  |  |     |     |   |  |     |     |  |  |                     |  |  |  |                     |  |  |  |
| <div>1. FILING FEE</div> <table><thead><tr><th>Large Entity Fee (\$)</th><th>Fee Description</th><th>Fee Paid</th></tr></thead><tbody><tr><td>710</td><td>Utility filing fee</td><td>710.00</td></tr><tr><td>320</td><td>Design filing fee</td><td></td></tr><tr><td>150</td><td>Provisional filing fee</td><td></td></tr></tbody></table> <table><thead><tr><th></th><th>Number Filed</th><th>Number Extra</th><th>Rate</th><th>Amount</th></tr></thead><tbody><tr><td>Total Claims</td><td>- 20 =</td><td></td><td>x \$ 18.00 =</td><td></td></tr><tr><td>Independent Claims</td><td>- 3 =</td><td></td><td>x \$ 80.00 =</td><td></td></tr><tr><td colspan="4"><input type="checkbox"/> Multiple Dependent Claim(s), if any</td><td>\$270.00 =</td></tr><tr><td colspan="4">TOTAL:</td><td>710.00</td></tr><tr><td colspan="4">SMALL ENTITY DISCOUNT:</td><td></td></tr><tr><td colspan="4">SUBTOTAL (1)</td><td>(\$) 710.00</td></tr></tbody></table> |                                 |  |              | Large Entity Fee (\$)   | Fee Description                 | Fee Paid      | 710  | Utility filing fee    | 710.00                | 320             | Design filing fee |              | 150  | Provisional filing fee              |        |    | Number Filed | Number Extra   | Rate   | Amount | Total Claims | - 20 =                    |                   | x \$ 18.00 = |       | Independent Claims                     | - 3 = |           | x \$ 80.00 =           |  | <input type="checkbox"/> Multiple Dependent Claim(s), if any |     |           |   | \$270.00 = | TOTAL: |     |  |   | 710.00 | SMALL ENTITY DISCOUNT: |   |  |       |     | SUBTOTAL (1)                           |  |     |     | (\$) 710.00      |  |     |     |  |  |     |     |                          |  |     |     |                               |  |    |    |   |  |     |     |  |  |     |     |   |  |     |     |  |  |                     |  |  |  |                     |  |  |  |
| Large Entity Fee (\$)  | Fee Description                 | Fee Paid   |              |   |                                 |               |      |                       |                       |                 |                   |              |      |                                     |        |    |              |  |  |        |              |                           |                   |              |       |  |       |           |                        |  |  |     |           |   |            |        |     |  |   |        |                        |   |  |       |     |  |  |     |     |                  |  |     |     |  |  |     |     |                          |  |     |     |                               |  |    |    |   |  |     |     |  |  |     |     |   |  |     |     |  |  |                     |  |  |  |                     |  |  |  |
| 710  | Utility filing fee              | 710.00   |              |   |                                 |               |      |                       |                       |                 |                   |              |      |                                     |        |    |              |  |  |        |              |                           |                   |              |       |  |       |           |                        |  |  |     |           |   |            |        |     |  |   |        |                        |   |  |       |     |  |  |     |     |                  |  |     |     |  |  |     |     |                          |  |     |     |                               |  |    |    |   |  |     |     |  |  |     |     |   |  |     |     |  |  |                     |  |  |  |                     |  |  |  |
| 320  | Design filing fee               |  |              |   |                                 |               |      |                       |                       |                 |                   |              |      |                                     |        |    |              |  |  |        |              |                           |                   |              |       |  |       |           |                        |  |  |     |           |   |            |        |     |  |   |        |                        |   |  |       |     |  |  |     |     |                  |  |     |     |  |  |     |     |                          |  |     |     |                               |  |    |    |   |  |     |     |  |  |     |     |   |  |     |     |  |  |                     |  |  |  |                     |  |  |  |
| 150  | Provisional filing fee          |  |              |   |                                 |               |      |                       |                       |                 |                   |              |      |                                     |        |    |              |  |  |        |              |                           |                   |              |       |  |       |           |                        |  |  |     |           |   |            |        |     |  |   |        |                        |   |  |       |     |  |  |     |     |                  |  |     |     |  |  |     |     |                          |  |     |     |                               |  |    |    |   |  |     |     |  |  |     |     |   |  |     |     |  |  |                     |  |  |  |                     |  |  |  |
|  | Number Filed                    | Number Extra   | Rate         | Amount  |                                 |               |      |                       |                       |                 |                   |              |      |                                     |        |    |              |  |  |        |              |                           |                   |              |       |  |       |           |                        |  |  |     |           |   |            |        |     |  |   |        |                        |   |  |       |     |  |  |     |     |                  |  |     |     |  |  |     |     |                          |  |     |     |                               |  |    |    |   |  |     |     |  |  |     |     |   |  |     |     |  |  |                     |  |  |  |                     |  |  |  |
| Total Claims   | - 20 =                          |  | x \$ 18.00 = |   |                                 |               |      |                       |                       |                 |                   |              |      |                                     |        |    |              |  |  |        |              |                           |                   |              |       |  |       |           |                        |  |  |     |           |   |            |        |     |  |   |        |                        |   |  |       |     |  |  |     |     |                  |  |     |     |  |  |     |     |                          |  |     |     |                               |  |    |    |   |  |     |     |  |  |     |     |   |  |     |     |  |  |                     |  |  |  |                     |  |  |  |
| Independent Claims   | - 3 =                           |  | x \$ 80.00 = |   |                                 |               |      |                       |                       |                 |                   |              |      |                                     |        |    |              |  |  |        |              |                           |                   |              |       |  |       |           |                        |  |  |     |           |   |            |        |     |  |   |        |                        |   |  |       |     |  |  |     |     |                  |  |     |     |  |  |     |     |                          |  |     |     |                               |  |    |    |   |  |     |     |  |  |     |     |   |  |     |     |  |  |                     |  |  |  |                     |  |  |  |
| <input type="checkbox"/> Multiple Dependent Claim(s), if any   |                                 |  |              | \$270.00 =  |                                 |               |      |                       |                       |                 |                   |              |      |                                     |        |    |              |  |  |        |              |                           |                   |              |       |  |       |           |                        |  |  |     |           |   |            |        |     |  |   |        |                        |   |  |       |     |  |  |     |     |                  |  |     |     |  |  |     |     |                          |  |     |     |                               |  |    |    |   |  |     |     |  |  |     |     |   |  |     |     |  |  |                     |  |  |  |                     |  |  |  |
| TOTAL:   |                                 |  |              | 710.00  |                                 |               |      |                       |                       |                 |                   |              |      |                                     |        |    |              |  |  |        |              |                           |                   |              |       |  |       |           |                        |  |  |     |           |   |            |        |     |  |   |        |                        |   |  |       |     |  |  |     |     |                  |  |     |     |  |  |     |     |                          |  |     |     |                               |  |    |    |   |  |     |     |  |  |     |     |   |  |     |     |  |  |                     |  |  |  |                     |  |  |  |
| SMALL ENTITY DISCOUNT:   |                                 |  |              |   |                                 |               |      |                       |                       |                 |                   |              |      |                                     |        |    |              |  |  |        |              |                           |                   |              |       |  |       |           |                        |  |  |     |           |   |            |        |     |  |   |        |                        |   |  |       |     |  |  |     |     |                  |  |     |     |  |  |     |     |                          |  |     |     |                               |  |    |    |   |  |     |     |  |  |     |     |   |  |     |     |  |  |                     |  |  |  |                     |  |  |  |
| SUBTOTAL (1)   |                                 |  |              | (\$) 710.00   |                                 |               |      |                       |                       |                 |                   |              |      |                                     |        |    |              |  |  |        |              |                           |                   |              |       |  |       |           |                        |  |  |     |           |   |            |        |     |  |   |        |                        |   |  |       |     |  |  |     |     |                  |  |     |     |  |  |     |     |                          |  |     |     |                               |  |    |    |   |  |     |     |  |  |     |     |   |  |     |     |  |  |                     |  |  |  |                     |  |  |  |
| <div>2. AMENDMENT CLAIM FEES</div> <table><thead><tr><th>Claims Remaining After Amend.</th><th>Highest No. Previously Paid For</th><th>Present Extra</th><th>Rate</th><th>Fee Paid</th></tr></thead><tbody><tr><td>Total 20</td><td>- 20 =</td><td>0</td><td>x \$ 18.00 =</td><td>0.00</td></tr><tr><td>Indep. 3</td><td>- 3 =</td><td>0</td><td>x \$ 80.00 =</td><td>0.00</td></tr><tr><td colspan="4"><input type="checkbox"/> First Presentation of Multiple Dep. Claim</td><td>+ \$270.00 = 0.00</td></tr><tr><td colspan="4">TOTAL:</td><td>(\$) 0.00</td></tr><tr><td colspan="4">SMALL ENTITY DISCOUNT:</td><td>(\$) 0.00</td></tr><tr><td colspan="4">SUBTOTAL (2)</td><td>(\$) 0.00</td></tr></tbody></table>   |                                 |  |              | Claims Remaining After Amend.   | Highest No. Previously Paid For | Present Extra | Rate | Fee Paid              | Total 20              | - 20 =          | 0                 | x \$ 18.00 = | 0.00 | Indep. 3                            | - 3 =  | 0  | x \$ 80.00 = | 0.00   | <input type="checkbox"/> First Presentation of Multiple Dep. Claim |        |              |                           | + \$270.00 = 0.00 | TOTAL:       |       |  |       | (\$) 0.00 | SMALL ENTITY DISCOUNT: |  |  |     | (\$) 0.00 | SUBTOTAL (2)                            |            |        |     | (\$) 0.00                              | <div>SUBTOTAL (3) (\$) 130.00</div> <div>SUBTOTAL (1) 710.00</div> <div>SUBTOTAL (2) 0.00</div> <div>SUBTOTAL (3) 130.00</div> <div>TOTAL (\$) 840.00</div> |        |                        |   |  |       |     |  |  |     |     |                  |  |     |     |  |  |     |     |                          |  |     |     |                               |  |    |    |   |  |     |     |  |  |     |     |   |  |     |     |  |  |                     |  |  |  |                     |  |  |  |
| Claims Remaining After Amend.  | Highest No. Previously Paid For | Present Extra  | Rate         | Fee Paid  |                                 |               |      |                       |                       |                 |                   |              |      |                                     |        |    |              |  |  |        |              |                           |                   |              |       |  |       |           |                        |  |  |     |           |   |            |        |     |  |   |        |                        |   |  |       |     |  |  |     |     |                  |  |     |     |  |  |     |     |                          |  |     |     |                               |  |    |    |   |  |     |     |  |  |     |     |   |  |     |     |  |  |                     |  |  |  |                     |  |  |  |
| Total 20   | - 20 =                          | 0  | x \$ 18.00 = | 0.00  |                                 |               |      |                       |                       |                 |                   |              |      |                                     |        |    |              |  |  |        |              |                           |                   |              |       |  |       |           |                        |  |  |     |           |   |            |        |     |  |   |        |                        |   |  |       |     |  |  |     |     |                  |  |     |     |  |  |     |     |                          |  |     |     |                               |  |    |    |   |  |     |     |  |  |     |     |   |  |     |     |  |  |                     |  |  |  |                     |  |  |  |
| Indep. 3   | - 3 =                           | 0  | x \$ 80.00 = | 0.00  |                                 |               |      |                       |                       |                 |                   |              |      |                                     |        |    |              |  |  |        |              |                           |                   |              |       |  |       |           |                        |  |  |     |           |   |            |        |     |  |   |        |                        |   |  |       |     |  |  |     |     |                  |  |     |     |  |  |     |     |                          |  |     |     |                               |  |    |    |   |  |     |     |  |  |     |     |   |  |     |     |  |  |                     |  |  |  |                     |  |  |  |
| <input type="checkbox"/> First Presentation of Multiple Dep. Claim   |                                 |  |              | + \$270.00 = 0.00   |                                 |               |      |                       |                       |                 |                   |              |      |                                     |        |    |              |  |  |        |              |                           |                   |              |       |  |       |           |                        |  |  |     |           |   |            |        |     |  |   |        |                        |   |  |       |     |  |  |     |     |                  |  |     |     |  |  |     |     |                          |  |     |     |                               |  |    |    |   |  |     |     |  |  |     |     |   |  |     |     |  |  |                     |  |  |  |                     |  |  |  |
| TOTAL:   |                                 |  |              | (\$) 0.00   |                                 |               |      |                       |                       |                 |                   |              |      |                                     |        |    |              |  |  |        |              |                           |                   |              |       |  |       |           |                        |  |  |     |           |   |            |        |     |  |   |        |                        |   |  |       |     |  |  |     |     |                  |  |     |     |  |  |     |     |                          |  |     |     |                               |  |    |    |   |  |     |     |  |  |     |     |   |  |     |     |  |  |                     |  |  |  |                     |  |  |  |
| SMALL ENTITY DISCOUNT:   |                                 |  |              | (\$) 0.00   |                                 |               |      |                       |                       |                 |                   |              |      |                                     |        |    |              |  |  |        |              |                           |                   |              |       |  |       |           |                        |  |  |     |           |   |            |        |     |  |   |        |                        |   |  |       |     |  |  |     |     |                  |  |     |     |  |  |     |     |                          |  |     |     |                               |  |    |    |   |  |     |     |  |  |     |     |   |  |     |     |  |  |                     |  |  |  |                     |  |  |  |
| SUBTOTAL (2)   |                                 |  |              | (\$) 0.00   |                                 |               |      |                       |                       |                 |                   |              |      |                                     |        |    |              |  |  |        |              |                           |                   |              |       |  |       |           |                        |  |  |     |           |   |            |        |     |  |   |        |                        |   |  |       |     |  |  |     |     |                  |  |     |     |  |  |     |     |                          |  |     |     |                               |  |    |    |   |  |     |     |  |  |     |     |   |  |     |     |  |  |                     |  |  |  |                     |  |  |  |
| CORRESPONDENCE ADDRESS   |                                 |  |              | SIGNATURE BLOCK   |                                 |               |      |                       |                       |                 |                   |              |      |                                     |        |    |              |  |  |        |              |                           |                   |              |       |  |       |           |                        |  |  |     |           |   |            |        |     |  |   |        |                        |   |  |       |     |  |  |     |     |                  |  |     |     |  |  |     |     |                          |  |     |     |                               |  |    |    |   |  |     |     |  |  |     |     |   |  |     |     |  |  |                     |  |  |  |                     |  |  |  |
| Direct all correspondence to:<br>Patent Administrator<br>Testa, Hurwitz & Thibault, LLP<br>High Street Tower-125 High Street<br>Boston, MA 02110<br>Tel. No.: (617) 248-7000<br>Fax No.: (617) 248-7100  |                                 |  |              | Respectfully submitted,<br><br>Michael H. Brodowski<br>Attorney for the Applicants<br>Testa, Hurwitz & Thibault, LLP<br>High Street Tower-125 High Street<br>Boston, MA 02110<br>Date: April 5, 2001<br>Reg. No.: 41,640<br>Tel. No.: (617) 248-7012<br>Fax No.: (617) 248-7100   |                                 |               |      |                       |                       |                 |                   |              |      |                                     |        |    |              |  |  |        |              |                           |                   |              |       |  |       |           |                        |  |  |     |           |   |            |        |     |  |   |        |                        |   |  |       |     |  |  |     |     |                  |  |     |     |  |  |     |     |                          |  |     |     |                               |  |    |    |   |  |     |     |  |  |     |     |   |  |     |     |  |  |                     |  |  |  |                     |  |  |  |

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|--------------------|---------------------|-----------------------|------------------------|
| 09/755,951         | 01/04/2001          | Marvin L. Vestal      | SYP-060REC/N           |

Patent Administrator  
Testa Hurwitz & Thibeault LLP  
125 High Street  
Boston, MA 02110

## FORMALITIES LETTER



\*OC000000005733429\*

04/05/E001 SMINASS1 00000029 09755951

01 FC:101 710.00 OP  
02 FC:103 130.00 OP

Date Mailed: 02/05/2001

## NOTICE TO FILE MISSING PARTS OF REISSUE APPLICATION

*Filing Date Granted*

An application number and filing date have been accorded to this reissue application. The item(s) indicated below, however, are missing. Applicant is given TWO MONTHS from the date of this Notice within which to file all required items and pay any fees required below to avoid abandonment. Extensions of time may be obtained by filing a petition accompanied by the extension fee under the provisions of 37 CFR 1.136(a).

- The statutory basic filing fee is missing.  
*Applicant must submit \$ 710 to complete the basic filing fee and/or file a small entity statement claiming such status (37 CFR 1.27).*
- To avoid abandonment, a late filing fee or oath or declaration surcharge as set forth in 37 CFR 1.16(e) of \$50 for a non-small entity, must be submitted with the missing items identified in this letter.

\$130

- The balance due by applicant is \$ ~~840~~

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